



# PUTTING PEOPLE FIRST

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Avenu Account Number: \_\_\_\_\_ Business Name: \_\_\_\_\_

Previous City of Birmingham Account Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## CITY OF BIRMINGHAM DEPARTMENT OF INNOVATION AND ECONOMIC OPPORTUNITY

Thank you for applying for a business license with the City of Birmingham, Alabama. The City of Birmingham seeks to expand access to opportunities for various business owners throughout our city. By answering the following questions, you will help the City of Birmingham better understand its business organizations and their needs. The answers presented will not impact the issuance of your business license. If you have any questions, please go to <https://www.birminghamal.gov/business-licensing> for more information and a list of Frequently Asked Questions.

<p>1. Are one or more owners US military veterans?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Prefer not to say</p> <p>2. Do one or more owners experience one of the following? <b>Select all that may apply.</b></p> <p><input type="checkbox"/> The person is deaf, or has serious difficulty hearing.</p> <p><input type="checkbox"/> The person is blind, or has serious difficulty seeing, even when wearing glasses.</p> <p><input type="checkbox"/> Because of a physical, mental, or emotional condition, the person has serious difficulty concentrating, remembering, or making decisions.</p> <p><input type="checkbox"/> The person has serious difficulty walking or climbing stairs.</p> <p><input type="checkbox"/> The person has difficulty dressing or bathing.</p> <p><input type="checkbox"/> Because of a physical, mental, or emotional condition, the person has difficulty doing errands alone such as visiting a doctor's office or shopping.</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Prefer not to say</p> <p>3. Do one or more owners identify as: <b>Select all that may apply.</b></p> <p><input type="checkbox"/> American Indian or Alaska Native (North, South, or Central American)</p> <p><input type="checkbox"/> Asian (Far East, Southeast Asia, or Indian)</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Hispanic or Latinx</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander (Hawaii, Guam, Samoa, or Pacific Islands)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Middle Eastern or North African</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Prefer not to say</p>	<p>4. How many business owners identify as:</p> <p><input type="radio"/> Female _____</p> <p><input type="radio"/> Male _____</p> <p><input type="radio"/> Prefer not to say</p> <p>5. Is this business certified under any of the following programs? <b>Select all that apply.</b></p> <p><input type="checkbox"/> Ability One Program</p> <p><input type="checkbox"/> Alaskan Native Corporation (ANC)</p> <p><input type="checkbox"/> Disadvantaged Business Enterprise (DBE)</p> <p><input type="checkbox"/> Historically Black Colleges and Universities (HBCU)</p> <p><input type="checkbox"/> HUB Zone</p> <p><input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender (LGBT)</p> <p><input type="checkbox"/> Minority Business Enterprise (MBE)</p> <p><input type="checkbox"/> SBA 8 (A)</p> <p><input type="checkbox"/> Service Disabled Veteran (SDVB)</p> <p><input type="checkbox"/> Small Business Enterprise (SBE)</p> <p><input type="checkbox"/> Small Disadvantaged Business (SDB)</p> <p><input type="checkbox"/> Veteran Owned Business (VBE)</p> <p><input type="checkbox"/> Woman Business Enterprise (WBE)</p> <p><input type="checkbox"/> Woman-Owned Small Business (WOSB)</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Prefer not to say</p> <p>6. Would you be interested in your business being included in a City-wide business directory, to promote your business to potential customers and partners?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Prefer not to say</p> <p>7. Would you like your certifications (if applicable) to be listed in the City's directory?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Prefer not to say</p>
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| <p>8. Has your business received technical assistance (e.g. free workshops) in the last year?</p> <ul style="list-style-type: none"><li><input type="radio"/> Yes</li><li><input type="radio"/> No</li><li><input type="radio"/> Prefer not to say</li></ul> <p>9. Has your business received a loan or investment in the last year?</p> <ul style="list-style-type: none"><li><input type="radio"/> Loan</li><li><input type="radio"/> Equity</li><li><input type="radio"/> Both</li><li><input type="radio"/> Neither</li><li><input type="radio"/> Prefer not to say</li></ul> <p>10. What year was the business initially created or founded?</p> <p>_____</p> <ul style="list-style-type: none"><li><input type="radio"/> Prefer not to say</li></ul> <p>11. What field best describes your main primary business activity?</p> <ul style="list-style-type: none"><li><input type="radio"/> Administrative and Supportive Services</li><li><input type="radio"/> Arts, Entertainment, and Recreation</li><li><input type="radio"/> Automotive Services</li><li><input type="radio"/> Barber Shop or Beauty Shop</li><li><input type="radio"/> Construction</li><li><input type="radio"/> Energy</li><li><input type="radio"/> Engineering</li><li><input type="radio"/> Finance and Insurance</li><li><input type="radio"/> Food and Beverage Services</li><li><input type="radio"/> Health Care and Health Professions</li><li><input type="radio"/> Hospitality, Tourism, and Accommodations</li><li><input type="radio"/> Legal Services</li><li><input type="radio"/> Logistics, Supply Chain, and Transportation</li><li><input type="radio"/> Manufacturing</li><li><input type="radio"/> Professional Services (i.e. Architect, Engineer, etc.)</li><li><input type="radio"/> Real Estate</li><li><input type="radio"/> Rental or Leasing</li><li><input type="radio"/> Retailer</li><li><input type="radio"/> Social Assistance</li><li><input type="radio"/> Software as a Service</li><li><input type="radio"/> Wholesale Trade</li><li><input type="radio"/> Prefer not to say</li></ul> | <p>12. Number of current full-time employees?</p> <p>_____</p> <ul style="list-style-type: none"><li><input type="radio"/> Prefer not to say</li></ul> <p>13. Number of current part-time employees?</p> <p>_____</p> <ul style="list-style-type: none"><li><input type="radio"/> Prefer not to say</li></ul> <p>14. Estimated Annual Gross Revenue:</p> <ul style="list-style-type: none"><li><input type="radio"/> Less than \$500,000</li><li><input type="radio"/> Between \$500,000 and \$5,000,000</li><li><input type="radio"/> Greater than \$5,000,000</li><li><input type="radio"/> Prefer not to say</li></ul> |
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